



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

RECEIVED

04 DEC 27 10:02

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Bissell	Kathleen	Gay	415.273.0413
MAILING ADDRESS (Street)			FAX
One Front Street, Suite 550			415.296.8581
(City)	(State)	(Zip Code)	
San Francisco,	CA	94111	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Liberty Mutual Group			617.357.9500
MAILING ADDRESS (Street)			FAX
175 Berkeley Street			617.574.5783
(City)	(State)	(Zip Code)	
Boston	MA	02117	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Joseph A. DiGiovanni			617.357.9500
MAILING ADDRESS (Street)			FAX
175 Berkeley Street			617.574.5783
(City)	(State)	(Zip Code)	
Boston	MA	02117	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	<input checked="" type="checkbox"/> Other: (indicate below) <u>Insurance</u>
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Kathleen S. Russell
(Signature of Lobbyist)

12/22/04
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
------	--

Joseph A. DiGiovanni

Vice President Public Affairs

NAME OF ORGANIZATION (if applicable)

Liberty Mutual Group

TELEPHONE

617.357.9500

MAILING ADDRESS (Street)

175 Berkeley Street

FAX

617.574.5783

(City)

(State)

(Zip Code)

Boston

MA

02117

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Joseph A. DiGiovanni
(Signature of Authorizing Officer or Person Represented)

12/22/04
(Date)